

**Application**  
**Murfreesboro Police Department - Citizens Police Academy**

(Please Print or Type)

**Date:** \_\_\_\_\_

**Name: Mr. Mrs. Ms.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone: Day:** (\_\_\_\_) \_\_\_\_\_ **Evening:** (\_\_\_\_) \_\_\_\_\_

**Pager:** (\_\_\_\_) \_\_\_\_\_ **Mobile:** (\_\_\_\_) \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
Month Day Year City County State

**\*Social Security Number:** \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Drivers License Number** \_\_\_\_\_ **State of Issue** \_\_\_\_\_

**What is your present occupation?** \_\_\_\_\_

**Do you have a firearms carry permit? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Why do you wish to attend the Citizens Police Academy?**

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**How did you first hear about the Citizens Police Academy?**

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**Have you ever attended or participated in a Citizens Police Academy? Yes** \_\_\_\_ **No** \_\_\_\_

**If yes, where and when?** \_\_\_\_\_

**Have you ever been arrested or convicted of a crime? If Yes, please explain.**

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**Give the names and address of two character references:**

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**There will be optional activities that will involve physical exertion. Do you believe that you would be able to participate in these if you choose to? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Comments:**

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**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Over Please)

**Applications may be mailed or  
delivered to:**

**COPS Training Section  
Murfreesboro Police Annex  
324 South Church Street  
Murfreesboro Tennessee, 37130-3732  
(615) 895-3874**

\*This information is necessary to perform a criminal history and background check on all applicants.

There is a \$50.00 charge to attend the academy.

The City of Murfreesboro does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in the provision of services, in programs, activities or employment opportunities and benefits.

The City of Murfreesboro does not discriminate on the basis of disability in the programs and activities on which it operates pursuant to the requirements of the Americans With Disabilities Act of 1990, PUB. L. 101-336. This policy extends to both employment and admission to and participation in the programs, services and activities of the City of Murfreesboro.

